

2005 Bridgewater Recreation Ski Waiver Form

Please print legibly – this form must be filled out in full and returned with registration form and payment.

Participant's

Last Name: _____ First Name: _____

Parent/Guardian's

Full Name(s): _____

Mailing

Address: _____ Town: _____ Zip: _____

Home

Phone #:() _____

Work

Phone#:() _____

Cell

Phone #:() _____

E-mail

Address: _____

Emergency Contact #

Other than #'s listed: #:() _____

Person at

Emergency #: _____

Medical Insurance

Company: _____ Policy #: _____

Please note injuries may occur – Bridgewater Township and Shawnee Mountain do not provide individual medical coverage for its participants. Each participant will be covered under his/her family's medical policy. It is recommended that families have insurance before the child participates.

I recognize the importance of knowing my child's involvement in the Bridgewater Recreation Department's Ski Program to Shawnee Mountain and give my consent in case of any injury or an accident to allow medical treatment to be administered to my child without my permission. Also, if transportation must be provided – I give permission to transport my child to a local hospital for treatment.

Parent/Guardian Signature

_____/_____/_____
Date

je 7/04